

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				101		
2				102		
3				103		
4				104		
5				105		
6				106		
7				107		
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44				144		
45				145		
46				146		
47				147		
48				148		
49				149		
50				150		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				151		
52				152		
53				153		
54				154		
55				155		
56				156		
57				157		
58				158		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY